Thank you for your participation as an Exhibitor at the ***Run Women’s Cares TM Challenge Epidemic February 23, 2019 @ 11am, Fort Worth, TX***. Please complete this application

EXHIBITOR /VENDOR FORM

:

**Name of Business/Company**:

**Business Description**:(what are you selling) \_\_\_\_\_\_\_\_

**Address**: **City**:

**State**: **Zip Code**:

**Telephone**: **Fax**:

**Website**: **E-mail**:

**Booth Personnel Name**:

**Booth Personnel Name**:

The cost is $60.00 (no refunds).

**PROVISION**

The event will be held at 6465 E. Rosedale Blvd., Fort Worth, TX 76112. **Each vendor must BRING HIS/HER OWN TABLE, TABLE CLOTH, CHAIR, AND NECESSITIES.**

**SET UP/TEAR DOWN**

You are able to set up your table 9am-11am. Tear down is after the event only. There are absolutely no refunds.

**LOCATION**

First come, first serve.

*By signing this form, you understand there are absolutely no refunds. You also understand that you are responsible for bringing your own table, chairs, products and tablecloth.*

*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*